



# Washington Counties Insurance Fund **2024 Benefit Plan Comparison for Retirees**

- **Retiree Medical Plans for Under Age 65 (former WCIF medical enrollees only)**
- **Retiree Medical Plans for Age 65 and over (all eligible retirees)**
- **Retiree Dental Plans (former WCIF dental enrollees only)**
- **Retiree Vision Plan (former WCIF vision enrollees only)**
- **Retiree Group Legal Plan (New Benefit)**

For additional information including plan summaries and lists of participating providers, visit us at [www.wcif.net](http://www.wcif.net). For information about billing, eligibility, and other plan administration, please contact Retiree Administration at Vimly.

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## 2024 PREMERA BLUE CROSS PPO MEDICAL PLANS for under age 65

	WCIF 200	WCIF 750	WCIF 3000
<b>Provider Network</b>	For Out-of-Network benefits, please see full plan summary		
<b>Deductible (Ded) PCY</b>			
<b>Individual</b>	\$200	\$750	\$3,000
<b>Family</b>	\$400	\$1,500	\$6,000
<b>Coinsurance (Coins)</b>	20%	20%	20%
<b>Out-of-pocket max</b> <small>(includes deductible, coinsurance, and copays)</small>			
<b>Individual</b>	\$2,200	\$5,750	\$6,350
<b>Family</b>	\$4,400	\$11,500	\$12,700
<b>Office Visit Cost Share</b>	\$25 Copay	\$30 Copay	\$35 Copay
<b>Preventive Care</b>	Covered in Full	Covered in Full	Covered in Full
<b>Manipulations (spinal)</b>	20 visits PCY \$25 Copay	20 visits PCY \$30 Copay	20 visits PCY \$35 Copay
<b>Diagnostic Lab and X-ray Services</b> <small>Some services may require pre-authorization</small>	Ded / Coins	Ded / Coins	Ded / Coins
<b>Inpatient Hospital</b>	Ded / Coins	Ded / Coins	Ded / Coins
<b>Outpatient Surgery Facility</b>	\$75 Copay Ded / Coins	\$75 Copay Ded / Coins	\$75 Copay Ded / Coins
<b>Emergency Care Copay</b> <small>(waive copay if admitted)</small>	\$150 Copay Ded / Coins	\$150 Copay Ded / Coins	\$200 Copay Ded / Coins
<b>Bariatric Surgery</b>	<b>\$25,000 Lifetime Ded /Coins</b>	<b>\$25,000 Lifetime Ded /Coins</b>	<b>\$25,000 Lifetime Ded /Coins</b>
<b>Hearing Benefit</b> 1 Exam Per Calendar Year	\$25 Copay	\$30 Copay	\$35 Copay
<b>Hearing Benefit</b> Hardware (Per ear with hearing loss)	<b>Covered up to \$3,000 per ear every 36 months</b>	<b>Covered up to \$3,000 per ear every 36 months</b>	<b>Covered up to \$3,000 per ear every 36 months</b>
<b>Pharmacy 30 day supply</b>			
<b>Generic – Tier 1</b>	\$5 Copay	\$5 Copay	\$5 Copay
<b>Brand Name – Tier 2</b>	\$35 Copay	\$35 Copay	\$35 Copay
<b>Non-formulary – Tier 3</b>	\$70 Copay	\$70 Copay	\$70 Copay
<b>Monthly Rates</b>			
<b>Retiree</b>	\$2,310.09	\$2,104.79	\$1,649.62
<b>Retiree/Spouse*</b>	\$4,620.17	\$4,209.58	\$3,299.22
<b>Retiree/Children</b>	\$4,042.66	\$3,683.41	\$2,886.83
<b>Retiree/Spouse*/Children</b>	\$6,352.75	\$5,788.19	\$4,536.45

\*or qualified domestic partner

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## 2024 KAISER PERMANENTE MEDICAL PLAN under age 65

	Core 750	Core 5000	ACCESS PPO 5000
<b>Provider Network</b>	HMO In-Network Only	HMO In-Network Only	or Out-of-Network benefits, see full plan summary
<b>Deductible (Ded)</b>			
<b>Individual</b>	\$750	\$5,000	\$5,000
<b>Family</b>	\$1,500	\$10,000	\$10,000
<b>Coinsurance (Coins)</b>	20%	20%	20%
<b>Out-of-pocket max</b> (Includes deductible, coinsurance, and copays)			
<b>Individual</b>	\$2,700	\$5,000	\$5,000
<b>Family</b>	\$5,400	\$10,000	\$10,000
<b>Office Visit Cost Share</b>	\$20 Copay Ded / Coins	\$20 Copay; Ded / Coins	Welcome Rider: First 4 office visits are not subject to deductible and/or coinsurance, \$30 Copay (\$20 Copay at enhanced provider) only. After the 4th visit, services are subject to the deductible and then coinsurance (copay waived).
<b>Preventive Care</b>	Covered in Full	Covered in Full	Covered in Full
<b>Manipulations (spinal)</b> 20 visits PCY	\$20 Copay; Ded / Coins	\$20 Copay; Ded / Coins	\$30 Copay; Ded / Coins
<b>Outpatient Diagnostic Laboratory and X-ray Services</b> Some services may require pre-authorization	Ded / Coins	Ded / Coins	Welcome Rider: The first \$500 of professional lab/x-ray expenses each calendar year are covered in full. After \$500 is paid in full, all other x-ray/lab expenses are subject to deductible and then coinsurance.
<b>Inpatient Facility</b>	Ded / Coins	Ded / Coins	\$100 Copay, per day for up to 5 days per admit Ded / Coins
<b>Outpatient Surgery Facility</b>	\$20 Copay; Ded / Coins	\$20 Copay; Ded / Coins	Ded / Coins
<b>Emergency Care</b> (waive copay if admitted)	\$100 Copay; Ded / Coins	\$100 Copay; Ded / Coins	\$100 Copay Ded / Coins
<b>Bariatric Surgery</b>	<b>\$25,000 Lifetime Ded /Coins</b>	<b>\$25,000 Lifetime Ded /Coins</b>	<b>\$25,000 Lifetime Ded /Coins</b>
<b>Hearing Benefit</b> 1 Exam Per Calendar Year	\$20 Copay; Ded / Coins	\$20 Copay; Ded / Coins	\$30 Copay (\$20 Copay enhanced benefit); Ded / Coins
<b>Hearing Benefit</b> Hardware (Per ear with hearing loss)	<b>Covered up to \$3,000 per ear every 36 months</b>	<b>Covered up to \$3,000 per ear every 36 months</b>	<b>Covered up to \$3,000 per ear every 36 months</b>
<b>Pharmacy 30 day supply</b>			
<b>Preferred Generic – Tier 1</b>	\$5 Copay	\$5 Copay	\$5 Copay
<b>Preferred Brand Name – Tier 2</b>	\$25 Copay	\$25 Copay	\$35 Copay (\$30 Copay enhanced benefit)
<b>Non-preferred – Tier 3</b>	\$50 Copay	\$50 Copay	\$70 Copay (\$60 Copay enhanced benefit)
<b>Rates</b>	<b>Retirees</b>	<b>Retirees</b>	<b>Retirees</b>
<b>Retiree</b>	\$2,220.03	\$1,421.10	\$2,285.04
<b>Retiree/Spouse*</b>	\$3,597.48	\$2,302.87	\$3,702.84
<b>Retiree/Children</b>	\$3,442.28	\$2,203.53	\$3,543.11
<b>Retiree/Spouse*/Children</b>	\$5,355.90	\$3,428.50	\$5,512.80

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## 2024 RETIREE MEDICAL PLANS age 65 and over

*Available to Medicare eligible retirees and eligible spouses\* only.*

MEDICARE SUPPLEMENTAL PLANS underwritten by United American Insurance Company			
	Plan F	Plan G	High Deductible Plan G
<b>Eligibility</b>	<b>Must turn 65 by 1/1/2021</b>	<b>Enrollment open to all</b>	
Overall Deductible	No Deductible	<b>\$240</b> (Part B Deductible)	<b>\$2,800</b> (includes Part B Deductible)
Part A Deductible	Covered in Full	Covered in Full	Deductible; then Covered in Full
Hospitalization & Skilled Nursing Coinsurance	Covered in Full	Covered in Full	Deductible; then Covered in Full
Part B Deductible	Covered in Full	<b>\$240</b> (Part B Deductible)	<b>\$240</b> (see Overall Deductible)
Part B Coinsurance	Covered in Full	Covered in Full	Deductible; then Covered in Full
Foreign Travel	\$250 Deductible 20% to \$50,000 lifetime maximum	\$250 Deductible 20% to \$50,000 lifetime maximum	\$250 Deductible 20% to \$50,000 lifetime maximum
Maximum out of pocket expenses (Rx excluded)	All Medicare Eligible Expenses Covered in Full	After Part B Deductible, All Medicare Eligible Expenses Covered in Full	After <b>\$2,800</b> (includes Part B Deductible); All Medicare Eligible Expenses Covered in Full

Part D prescription drug plan options provided by UnitedHealthcare (UHC)		
Plan Name	WCIF RX Plan A	WCIF RX Plan B
Prescription Deductible	No Deductible	\$480 Deductible
Generics (30-day supply)	\$5 Copay	\$15 Copay
Preferred Brands (30-day supply)	\$40 Copay	\$47 Copay
Non-Preferred Brands (30-day supply)	\$75 Copay	\$100 Copay
Mail Order (90-day supply)	\$10 Generics / \$80 Preferred / \$180 Non-Preferred	\$30 Generics / \$94 Preferred / \$200 Non-Preferred
Specialty Drugs (retail or mail order)	33% Coinsurance	33% Coinsurance
Maximum Benefit	Unlimited	Unlimited

2024 Monthly Rates			
Plan name (with WCIF RX Plan A)	Plan F (with WCIF RX Plan A)	Plan G (with WCIF RX Plan A)	High Deductible Plan G (with WCIF RX Plan A)
Per participant	\$456.59	\$441.59	\$252.59
Plan name (with WCIF RX Plan B)	Plan F (with WCIF RX Plan B)	386.83	High Deductible Plan G (with WCIF RX Plan B)
Per participant	\$401.83	\$382.43	\$197.83

*\*or qualified domestic partner*

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## 2024 RETIREE DENTAL and VISION PLANS

<b>DELTA DENTAL</b> <small>Delta Dental of Washington</small>	<b>DELTA DENTAL</b>	<b>WILLAMETTE DENTAL</b>	<b>VISION SERVICE PLAN (VSP)</b>				
Deductible	\$50 Individual Deductible / \$150 Family Deductible	Deductible	No Deductible	Eye Examination	Once every 12 months 100% after \$10 copay		
Annual Maximum	\$2,000*	Annual Maximum	No Annual Maximum	Diabetic Eyecare Exam	100% after \$20 copay		
Class I * Diagnostic & Preventive (Sealants covered to age 15)	100% PPO dentists 100% Premier dentists 100% Nonparticipating **	General Office Visit	\$15 copay per visit	Frames and Lenses	Once every 24 months 100% after \$25 Copay Frames covered up to \$175.00  <u>Costco / Walmart / Sam's Club</u> Frame Allowance up to \$95		
Class II - Restorative Fillings, Endodontics, Periodontics, Oral Surgery	80% PPO dentists 80% Premier dentists 80% Nonparticipating **	Specialty Office Visit	\$30 copay per visit				
Class III - Major Crowns, Dentures, Partials, Bridges, and Implants	50% PPO dentists 50% Premier dentists 50% Nonparticipating **	Diagnostic and Preventive Services	Covered with the Office Visit Copay	Contact Lenses	Once every 12 months 100% after max \$60 Copay Contact Allowance \$155		
Orthodontia	Not covered	Restorative Dentistry, Endodontics, Periodontics, Oral Surgery	Copays vary based on type of service. Examples include: Fillings (Amalgam): Covered with the Office Visit Copay Root Canal Therapy - Molar: \$200 copay Porcelain-Metal Crown: \$275 copay Complete Upper/Lower Denture: \$450 copay				
Rates	Retiree	\$66.14	Dental Implant Surgery	\$1,500 per calendar year	Benefit Limitations	Members may choose between the benefit of glasses or contacts, but not both, during any benefit plan period.	
	Retiree/Spouse	\$132.22	Orthodontia	\$2,800 Copay	Rates	Retiree	\$6.31
	Retiree/Child(ren)	\$131.31		\$150 copay for Pre-Orthodontic Service; fee is credited towards orthodontic copay if patient accepts treatment plan.		Retiree & dependent(s)	\$21.58
	Retiree/Spouse /Child(ren)	\$197.37			Rates	Retiree	\$57.90
						Retiree/Spouse	\$115.63
				Retiree/Child(ren)	\$114.93		
				Retiree/Spouse /Child(ren)	\$172.66		

\* Class 1 services do not calculate against Annual Maximum.  
 \*\* You will be responsible for any balance remaining. Please be aware that Delta Dental of Washington has no control over nonparticipating dentists' charges or billing practices.

*NOTE: Extra discounts, value-added benefits, and savings apply when using a VSP provider. Please refer to the plan summary for more information. If you decide to use an Out-of-Network provider, you are required to pay the provider in full at the time of your appointment and submit a claim to VSP for partial reimbursement. Benefit frequency limits apply for both VSP and Out-of-Network coverage.*

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## METLIFE LEGAL PLAN



Money Matters	Home & Real Estate	Estate Planning	Family & Personal	Civil Lawsuits	Elder-Care Issues	Vehicle & Driving
<ul style="list-style-type: none"> <li>• Debt Collection defense</li> <li>• Identity Management Services <sup>9</sup></li> <li>• Identity Theft Defense</li> </ul>	<ul style="list-style-type: none"> <li>• Boundary or Title Disputes</li> <li>• Deeds</li> <li>• Eviction Defense</li> <li>• Foreclosure</li> </ul>	<ul style="list-style-type: none"> <li>• Codicils</li> <li>• Complex Wills</li> <li>• Healthcare Proxies</li> <li>• Living Wills</li> </ul>	<ul style="list-style-type: none"> <li>• Adoption</li> <li>• Affidavits</li> <li>• Conservatorship</li> <li>• Demand Letters</li> <li>• Garnishment Defense</li> <li>• Guardianship</li> <li>• Immigration Assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Administrative Hearings</li> <li>• Civil Litigation Defense</li> </ul>	<ul style="list-style-type: none"> <li>• Consultation &amp; Document Review for your parents</li> <li>• Deeds</li> <li>• Leases</li> </ul>	<ul style="list-style-type: none"> <li>• Defense of Traffic Tickets <sup>11</sup></li> <li>• Driving Privileges Restoration</li> </ul>
<ul style="list-style-type: none"> <li>• Negotiations with Creditors</li> <li>• Personal Bankruptcy</li> <li>• Promissory Notes</li> </ul>	<ul style="list-style-type: none"> <li>• Home Equity Loans</li> <li>• Mortgages</li> <li>• Property Tax Assessments</li> <li>• Refinancing of Home</li> </ul>	<ul style="list-style-type: none"> <li>• Power of Attorney; (Healthcare, Financial, Childcare, Immigration)</li> </ul>	<ul style="list-style-type: none"> <li>• Juvenile Court Defense Including Criminal Matters</li> <li>• Name Change</li> <li>• Parental Responsibility Matters</li> <li>• Personal Property Protection</li> </ul>	<ul style="list-style-type: none"> <li>• Dispute Over Consumer Goods &amp; Services</li> <li>• Incompetency Defense</li> </ul>	<ul style="list-style-type: none"> <li>• Medicaid</li> <li>• Medicare</li> <li>• Nursing Home Agreements</li> </ul>	<ul style="list-style-type: none"> <li>• License Suspension Due to DUI</li> </ul>
<ul style="list-style-type: none"> <li>• Tax Audit Representation</li> <li>• Tax Collection Defense</li> <li>• Tax Preparation and Filing <sup>10</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Sale or Purchase of Home</li> <li>• Security Deposit Assistance</li> <li>• Tenant Negotiations</li> <li>• Zoning Applications</li> </ul>	<ul style="list-style-type: none"> <li>• Revocable &amp; Irrevocable Trusts</li> <li>• Simple Wills</li> </ul>	<ul style="list-style-type: none"> <li>• Prenuptial Agreement</li> <li>• Protection from Domestic Violence</li> <li>• Review of any Legal Document</li> <li>• School Hearings</li> </ul>	<ul style="list-style-type: none"> <li>• Pet Liabilities</li> <li>• Small Claims Assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Power of Attorney</li> <li>• Perscription Plans</li> <li>• Wills</li> </ul>	<ul style="list-style-type: none"> <li>• Repossession</li> </ul>

Offers you and your dependents (spouse & children under age 26) a highly valuable solution for \$20.75 a month.

Insurance Company, Warwick, RI. Some services not available in all states. No service, including consultations, will be provided for: <sup>1)</sup> employment-related matters, including company or statutory benefits; <sup>2)</sup> matters involving the employer, MetLife and affiliates and plan attorneys; <sup>3)</sup> matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; <sup>4)</sup> appeals and class actions; <sup>5)</sup> farm and business matters, including rental issues when the participant is the landlord; <sup>6)</sup> patent, trademark and copyright matters; <sup>7)</sup> costs and fines; <sup>8)</sup> frivolous or unethical matters; <sup>9)</sup> matters for which an attorney client relationship exists prior to the participant becoming eligible for plan benefits. Coverage for defense of criminal matters is excluded from insurance coverage for individuals located in New York. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters; <sup>10)</sup> Online tax preparation services are provided by Turbo Tax. Turbo Tax is not a corporate affiliate of MetLife Legal Plans. <sup>11)</sup> Does not cover DUI. Please see your plan description for details.

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# METLIFE IDENTITY AND FRAUD PROTECTION

## Aura Protection Plus Plan

Privacy & Device Protection	Identity Theft Protection	Services and Support
Password Manager Automated Password Change Email Alias Safe Web Browsing IP Address Monitoring WI-FI Security VPN - Unlimited Devices Antivirus - Unlimited Devices All Powered Calls & Text Screening <sup>2</sup>	Automated Online Data Removal & Solicitation Reduction Personal Info & IDs Dark Web Monitoring Accounts & Credentials Dark Web Monitoring SSN & Identity Authentication Alerts Criminal Court & Public Records Monitoring USPS Address Monitoring Social Media Monitoring & Takeover Alerts Gametag Monitoring Social Media Privacy Checkups <sup>2</sup>	\$5M Insurance Policy per Enrolled Adult <sup>4</sup> Including expense reimbursement for: -401K & HSA -Home Title Identity Theft -Senior & Deceased Family Member Identity Theft -Cyber Extortion/Ransomware Loss Wallet Protection with \$500 Emergency Cash 24/7/365 100% US-Based Customer Care White Glove Fraud Resolution Services Remediation Services for Prior Fraud Incidents Unemployment & Tax Fraud Resolution Mobile App (iOS & Android) Aura Account Security (2FA) Credit File Fraud Alert Assistance
Financial Fraud Protection	Family Safety	
Credit Monitoring & Alerts - 3 Bureau Annual Credit Report - 3 Bureau Monthly Credit Score Tracker <sup>1</sup> In-Platform Credit Dispute Credit, Bank & Account Freeze Assistance Vehicle & Home Title Monitoring Financial Account Opening & Takeover Monitoring Financial Transaction Monitoring Tax Fraud Prevention Assistance High-Risk Transaction Alerts Utility Account Monitoring Payday/Specialty Loan Lock <sup>2</sup> Experian Credit Lock Credit Score Simulator	Parental Controls Child Cyberbullying Protection Child Credit Freeze Wizard Child SSN Monitoring & Alerts Sex Offender Geo Alerts Shared Password Vault Secure Family Onboarding Caregiver Alert Sharing <sup>2</sup> Child Online Safety Scan <sup>2</sup>	

Rates	
Retiree	\$8.45
Family	\$13.95

<sup>4</sup> As a component of becoming an Aura Plan member, Consumers receive identity theft insurance through a group policy issued to Aura which is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company, which is not an affiliate or subsidiary of MetLife. Checking & Savings Cash Recovery and 401(K) & HSA Cash Recovery are part of and not in addition to the Expense Reimbursement limit of liability. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

<sup>2</sup> Features coming in 2023.

<sup>5</sup> The score you receive with Aura is provided for educational purposes to help you understand your credit. It is calculated using the information contained in your TransUnion or Experian credit file. Lenders use many different credit scoring systems, and the score you receive with Aura is not the same score used by lenders to evaluate your credit.

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